

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

Janine Gail Suvak, M.D.

File No. 23-2007-181375

Physician's and Surgeon's
Certificate No. A 93043

Respondent

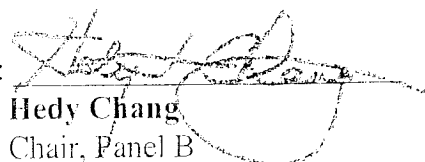
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on **July 9, 2010.**

IT IS SO ORDERED **June 10, 2010.**

MEDICAL BOARD OF CALIFORNIA

By: 
Hedy Chang
Chair, Panel B

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 THOMAS S. LAZAR
Supervising Deputy Attorney General
3 SAMUEL K. HAMMOND, State Bar No. 141135
Deputy Attorney General
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8 Attorneys for Complainant

9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

13 JANINE GAIL SUVAK, M.D.
4102 Constitution Avenue, Bldg. 912
14 Los Alamitos, CA 90720

15 Physician's and Surgeon's
Certificate No. A 93043

16 Respondent.
17

Case No. 23-2007-181375

OAH No. L-200970599

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
20 above-entitled proceedings that the following matters are true:

21 PARTIES

22 1. Linda K. Whitney (Complainant) is the Interim Executive Director of the
23 Medical Board of California. She is represented in this matter by Edmund G. Brown Jr.,
24 Attorney General of the State of California, by Samuel K. Hammond, Deputy Attorney General.
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2. Respondent Janine Gail Suvak, M.D. (Respondent) is represented in this proceeding by Albert J. Garcia, Esq., whose address is Watergate Towers III, 2000 Powell Street, Suite 1290, Emeryville, CA 94608-1860.

3. On or about October 7, 2005, the Medical Board of California issued Physician's and Surgeon's Certificate No. A 93043 to Janine Gail Suvak, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 23-2007-181375 and will expire on August 31, 2011, unless renewed.

JURISDICTION

4. On or about April 9, 2009, Accusation No. 23-2007-181375 was filed by Barbara Johnston, in her then official capacity as the Executive Officer of Medical Board (hereinafter "Board"), and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on April 9, 2009. Respondent timely filed her Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 23-200-181375 is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 23-2007-181375. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

1 7. Respondent voluntarily, knowingly, and intelligently waives and gives up
2 each and every right set forth above.

3 CULPABILITY

4 8. Respondent admits the complete truth and accuracy of each and every
5 charge and allegation in Accusation No. 23-2007-181375 and that she has thereby subjected her
6 Physician's and Surgeon's Certificate No. A 93043 to disciplinary action. Respondent agrees to
7 the bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

8 CONTINGENCY

9 9. The parties agree that this Stipulated Settlement and Disciplinary Order
10 shall be submitted to the Board for its consideration in the above-entitled matter and, further, that
11 the Board shall have a reasonable period of time in which to consider and act on this Stipulated
12 Settlement and Disciplinary Order after receiving it.

13 10. The parties agree that this Stipulated Settlement and Disciplinary Order
14 shall be null and void and not binding upon the parties unless approved and adopted by the
15 Board, except for this paragraph, which shall remain in full force and effect. Respondent fully
16 understands and agrees that in deciding whether or not to approve and adopt this Stipulated
17 Settlement and Disciplinary Order, the Board may receive oral and written communications from
18 its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall
19 not disqualify the Board, any member thereof, and/or any other person from future participation
20 in this or any other matter affecting or involving respondent. In the event that the Board, in its
21 discretion, does not approve and adopt this Stipulated Settlement and Disciplinary Order, with
22 the exception of this paragraph, it shall not become effective, shall be of no evidentiary value
23 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
24 hereto. Respondent further agrees that should the Board reject this Stipulated Settlement and
25 Disciplinary Order for any reason, respondent will assert no claim that the Board, or any member
26 thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated
27 Settlement and Disciplinary Order or of any matter or matters related hereto.

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1 2. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of
2 the effective date of this decision. Respondent shall enroll in a course in medical record keeping,
3 at Respondent's expense, approved in advance by the Board or its designee. Failure to
4 successfully complete the course during the first six (6) months of probation is a violation of
5 probation.

6 A medical record keeping course taken after the acts that gave rise to the charges
7 in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
8 Board or its designee, be accepted towards the fulfillment of this condition if the course would
9 have been approved by the Board or its designee had the course been taken after the effective
10 date of this Decision.

11 Respondent shall submit a certification of successful completion to the Board or
12 its designee not later than 15 calendar days after successfully completing the course, or not later
13 than 15 calendar days after the effective date of the Decision, whichever is later.

14 3. CONTROLLED SUBSTANCES - MAINTAIN RECORDS

15 Respondent shall maintain a record of all controlled substances ordered,
16 prescribed, dispensed, administered, or possesses by respondent, and any recommendation or
17 approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana
18 for the personal medical purposes of the patient within the meaning of Health and Safety code
19 section 11362.5, during probation, showing all the following 1) the name and address of
20 patient; 2) the date; 3) the character and quantity of controlled substances involved, and 4) the
21 indications and diagnosis for which the controlled substances for which the controlled
22 substances were furnished.

23 Respondent shall keep these records in a separate file or ledger, in chronological
24 order. All records and any inventories of controlled substances shall be available for immediate
25 inspection and copying on the premises by the Board or its designee at all times during business
26 hours and shall be retained for the entire term of probation.

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1 Failure to maintain all records, to provide immediate access to the inventory, or
2 to make all records available for immediate inspection and copying on the premises, is a
3 violation of probation.

4 4. CLINICAL TRAINING PROGRAM Within 60 calendar days of the
5 effective date of this Decision, Respondent shall enroll in a clinical training or educational
6 program equivalent to the Physician Assessment and Clinical Education Program (PACE)
7 offered at the University of California - San Diego School of Medicine ("Program").

8 The Program shall consist of a Comprehensive Assessment program comprised of
9 a two-day assessment of Respondent's physical and mental health; basic clinical and
10 communication skills common to all clinicians; and medical knowledge, skill and judgment
11 pertaining to Respondent's specialty or sub-specialty, and at minimum, a 40 hour program of
12 clinical education in the area of practice in which Respondent was alleged to be deficient and
13 which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any
14 other information that the Board or its designee deems relevant. Respondent shall pay all
15 expenses associated with the clinical training program.

16 Based on Respondent's performance and test results in the assessment and clinical
17 education, the Program will advise the Board or its designee of its recommendation(s) for the
18 scope and length of any additional educational or clinical training, treatment for any medical
19 condition, treatment for any psychological condition, or anything else affecting Respondent's
20 practice of medicine. Respondent shall comply with Program recommendations.

21 At the completion of any additional educational or clinical training, Respondent
22 shall submit to and pass an examination. The Program's determination whether or not
23 Respondent passed the examination or successfully completed the Program shall be binding.

24 Respondent shall complete the Program not later than six months after
25 Respondent's initial enrollment unless the Board or its designee agrees in writing to a later time
26 for completion.

27 Failure to participate in and complete successfully all phases of the clinical
28 training program outlined above is a violation of probation.

1 5. PRACTICE MONITOR Within 30 days of the effective date of this
2 Decision, respondent shall submit to the Board or its designee for prior approval as a practice
3 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
4 licenses are valid and in good standing, and who are preferably American Board of Medical
5 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
6 relationship with respondent or other relationship that could reasonably be expected to
7 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
8 but not limited to any form of bartering, shall be in respondent's field of practice, and shall agree
9 to serve as respondent's monitor. Respondent shall pay all monitoring costs.

10 The Board or its designee shall provide the approved monitor with copies of the
11 Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of
12 receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall
13 submit a signed statement that the monitor has read the Decision(s), Accusation(s), fully
14 understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If
15 the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised
16 monitoring plan with the signed statement.

17 Within 60 days of the effective date of the Decision and continuing throughout
18 probation, respondent's medical practice shall be monitored by the approved monitor.
19 Respondent shall make all records available for immediate inspection and copying on the
20 premises by the monitor at all times during business hours and shall retain the records for the
21 entire term of probation.

22 The monitor(s) shall submit quarterly reports written report of the Board or its
23 designee which includes an evaluation of respondent's performance indication whether
24 respondent practices are within the standards of practice of medicine or billing, or both, and
25 whether respondent is practicing medicine safely or billing appropriately or both. It shall be the
26 sole responsibility of respondent to ensure that the monitor submits the quarterly written reports
27 to the Board or its designee within 10 calendar days after the end of the proceeding quarter.

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1 If the monitor resigns or is no longer available, respondent shall, within 5 calendar
2 days of such resignation or unavailability, submit to the Board or its designee for prior approval,
3 the name and qualifications of a replacement monitor who will be assuming the responsibility
4 within 15 calendar days. If respondent fails to obtain approval for a replacement monitor within
5 60 days of the resignation or unavailability of the monitor, respondent shall be suspended from
6 the practice of medicine until a replacement monitor is approved and prepared to assume
7 immediate monitoring responsibility. Respondent shall cease the practice of medicine within
8 three (3) calendars after being so notified by the Board or its designee.

9 In lieu of a monitor, respondent may participate in the professional enhancement
10 program similar to the one offered by the Physician Assessment and Clinical Education Program
11 at the University of California, San Diego School of Medicine, that includes, at minimum,
12 quarterly chart review, semi-annual practice assessment, and semi-annual review of professional
13 growth and education. Respondent shall participate in the professional enhancement program at
14 respondent's expense during the term of probation.

15 Failure to maintain all records, or to make all appropriate records available for
16 immediate inspection and copying on the premises, or to comply with this condition as outlined
17 above is a violation of probation.

18 6. ETHICS COURSE Within 60 calendar days of the effective date of this
19 decision, Respondent shall enroll in a course in ethics, at Respondent's expense, approved in
20 advance by the Board or its designee. Failure to successfully complete the course during the first
21 year of probation is a violation of probation.

22 An ethics course taken after the acts that gave rise to the charges in the
23 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
24 or its designee, be accepted towards the fulfillment of this condition if the course would have
25 been approved by the Board or its designee had the course been taken after the effective date of
26 this Decision.

27 Respondent shall submit a certification of successful completion to the Board or
28 its designee not later than 15 calendar days after successfully completing the course, or not later

1 than 15 calendar days after the effective date of the Decision, whichever is later.

2 7. NOTIFICATION Prior to engaging in the practice of medicine in
3 California, the Respondent shall provide a true copy of the Decision(s) and Accusation(s) to the
4 Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership
5 are extended to Respondent, at any other facility where Respondent engages in the practice of
6 medicine, including all physician and locum tenens registries or other similar agencies, and to the
7 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
8 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
9 15 calendar days.

10 This condition shall apply to any change(s) in hospitals, other facilities or
11 insurance carrier.

12 8. SUPERVISION OF PHYSICIAN ASSISTANTS During probation,
13 Respondent is prohibited from supervising physician assistants in California.

14 9. OBEY ALL LAWS Respondent shall obey all federal, state and local
15 laws, all rules governing the practice of medicine in California, and remain in full compliance
16 with any court ordered criminal probation, payments and other orders.

17 10. QUARTERLY DECLARATIONS Respondent shall submit quarterly
18 declarations under penalty of perjury on forms provided by the Board, stating whether there has
19 been compliance with all the conditions of probation. Respondent shall submit quarterly
20 declarations not later than 10 calendar days after the end of the preceding quarter.

21 11. PROBATION UNIT COMPLIANCE Respondent shall comply with the
22 Board's probation unit. Respondent shall, at all times, keep the Board informed of Respondent's
23 business and residence addresses. Changes of such addresses shall be immediately
24 communicated in writing to the Board or its designee. Under no circumstances shall a post office
25 box serve as an address of record, except as allowed by Business and Professions Code section
26 2021(b).

27 Respondent shall not engage in the practice of medicine in Respondent's home.
28 Respondent shall maintain a current and renewed California physician's and surgeon's license.

Respondent shall immediately inform the Board, or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

12. INTERVIEW WITH THE BOARD OR ITS DESIGNEE Respondent shall be available in person for interviews either at Respondent's place of business or at the probation unit office, with the Board or its designee, upon request at various intervals, and either with or without prior notice throughout the term of probation.

13. RESIDING OR PRACTICING OUT-OF-STATE In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey all laws; and Probation Unit Compliance.

Respondent's license shall be automatically canceled if Respondent's periods of temporary or permanent residence or practice outside California total two years. However, Respondent's license shall not be canceled as long as Respondent is residing and practicing medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two-year period shall begin on the date probation is completed or terminated in that state.

14. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

In the event Respondent resides in the State of California and for any reason Respondent stops practicing medicine in California, Respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve Respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Board or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Respondent's license shall be automatically canceled if Respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code sections 2051 and 2052.

15. COMPLETION OF PROBATION Respondent shall comply with all financial obligations (e.g., probation monitoring costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

16. VIOLATION OF PROBATION Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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1 17. LICENSE SURRENDER Following the effective date of this Decision, if
2 Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
3 the terms and conditions of probation, Respondent may request the voluntary surrender of
4 Respondent's license. The Board reserves the right to evaluate Respondent's request and to
5 exercise its discretion whether or not to grant the request, or to take any other action deemed
6 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,
7 Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the
8 Board or its designee and Respondent shall no longer practice medicine. Respondent will no
9 longer be subject to the terms and conditions of probation and the surrender of Respondent's
10 license shall be deemed disciplinary action. If Respondent re-applies for a medical license, the
11 application shall be treated as a petition for reinstatement of a revoked certificate.

12 18. PROBATION MONITORING COSTS Respondent shall pay the costs
13 associated with probation monitoring each and every year of probation, as designated by the
14 Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical
15 Board of California and delivered to the Board or its designee no later than January 31 of each
16 calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of
17 probation.

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FEB-05-2010 FRI 12:23 PM DEPT. OF JUSTICE/ATTY GEN

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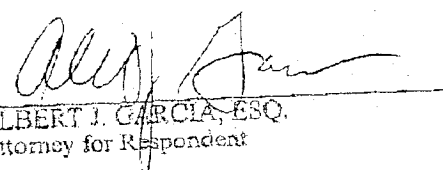
ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Albert J. Garcia, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 93043. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California

DATED: 7 FEB 10

JANINE GAIL SUVAK, M.D.
Respondent

I have read and fully discussed with Respondent Janine Gail Suvak, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 2 7 10

ALBERT J. GARCIA, ESQ.
Attorney for Respondent


ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California, Department of Consumer Affairs, State of California.

DATED: 2/9/10

EDMUND G. BROWN JR., Attorney General
of the State of California

THOMAS S. LAZAR
Supervising Deputy Attorney General



SAMUEL K. HAMMOND
Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2008802088
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EXHIBIT A

Accusation No. 23-200-181375

EDMUND G. BROWN JR., Attorney General
of the State of California
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SAMUEL K. HAMMOND, State Bar No. 141135
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
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In the Matter of the Accusation Against:

JANINE GAIL SUVAK, M.D.
4102 Constitution Avenue, Bldg. 912
Los Alamitos, CA 90720

Physician's and Surgeon's Certificate
No. A 93043

Respondent.

Case No. 23-2007-181375

OAH No.

A C C U S A T I O N

Complainant alleges:

PARTIES

1. Barbara Johnston (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California.

2. On or about October 7, 2005, the Medical Board of California issued Physician's and Surgeon's Certificate No. A 93043 to Janine Gail Suvak, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2009, unless renewed.

JURISDICTION

3. This Accusation is brought before the Medical Board of California, Department of Consumer Affairs (Board) under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, be publicly reprimanded, or such other action taken in relation to discipline as the Division of Medical Quality¹ deems proper.

5. Section 2234 of the Code provides that the Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts . . .

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

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1. California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Cal. Bus. & Prof. Code, §§ 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

6. Section 2238 provides that the violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

7. Section 2242 provides, in pertinent part, that the prescribing, dispensing or furnishing dangerous drugs as defined by Code section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

8. Section 2242.1 provides, in pertinent part, that no person or entity may prescribe, dispense or furnish dangerous drugs as defined by section 4022 of the Code, on the Internet for the delivery to any person in this state, without an appropriate prior examination and medical indication therefor, except as authorized by section 2242.

9. Section 2266 provides that the failure of the physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

10. Unprofessional conduct under Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct unbecoming a member in good standing of the medical profession and demonstrates an unfitness to practice medicine.²

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

11. Respondent Janine Gail Suvak, M.D., has subjected her Physician's and Surgeon's Certificate No. A 93043 to disciplinary action under section 2234, as defined by section 2234, subdivision (b), of the Code in that she committed gross negligence in her care, treatment and management of patients A.S., J.W.N., D.T., D.J.M., L.K., J.K., and T.O. The circumstances are as follows:

INTRODUCTION

A. Between about December 2005 and about October 2006, respondent worked as an independent contractor for www.justusameds.com, a Florida-based Internet

2. *Shea v. Board of Medical Examiners* (1978) 81 Cal.App.5d 564, 575.

1 business that provided drugs to consumers over the Internet (hereinafter "justusameds")
2 Consumers who ordered drugs from justusameds were required to complete a
3 questionnaire online which included the specific drug the consumer was ordering. The
4 consumer was also asked to fax a "report" of a physical examination performed within 12
5 months of the order. If a consumer did not produce such a "report," justusameds would
6 contact a mobile physical examination service for the completion of a physical
7 examination form similar to a "life insurance medical exam" form.

8 Justusameds would then "link" the consumer with respondent, and respondent
9 would contact the consumer (hereinafter "patient") by telephone for "a physician-patient"
10 interview. Respondent would have online access to the patient's records including the
11 drug the patient ordered, during the interview. After the interview, respondent would
12 send an online-prescription to justusameds for the exact medication the patient ordered.
13 Respondent would write the prescription without performing a physical examination of
14 the patient, and without contacting the patient's primary care physician. Justusameds
15 would transmit the prescription to Elite Pharmacy located in River Ridge, Louisiana,
16 which would fill the prescription and ship the drugs to the patient.

17 By this process, respondent prescribed controlled substances and dangerous drugs
18 to "drug-seeking" and "drug addicted" patients in California and other states.
19 Justusameds paid respondent \$25.00 for each consultation. According to respondent, she
20 sometimes consulted with as many as 80 patients per day. The patients named herein are
21 some of the California patients who ordered and obtained controlled substances and
22 dangerous drugs from justusameds based upon respondent's prescriptions.

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Patient A.S.

B. On or about December 5, 2005, patient A.S., a then 34-year-old female, ordered 90 tablets of Hydrocodone APAP 10/325 from Justusameds. Patient A.S. provided a completed "life insurance type" medical form dated January 12, 2006, and signed by Dr. R.P. According to the medical form, A.S. complained of tension headache and mild anxiety. She had been prescribed the drug Lexapro for one year in 2003 for "panic attacks," and had been taking various pain medications for the headaches since she was 19 years old. Dr. R.P.'s examination revealed no abnormal findings. He recommended "pain medication as needed for migraine cephalgia." However, Dr. R.P. did not prescribe Hydrocodone for the patient, and there is no indication on the medical form that Hydrocodone was ever prescribed for the patient.

C. On or about January 17, 2006, respondent prescribed 90 tablets of Hydrocodone APAP 10/325 for the patient based on the patient's self diagnosis of "tension headaches." Respondent prescribed Hydrocodone for the patient without performing and documenting any physical examination, and without obtaining and/or documenting an appropriate history of the patient's tension headache. Respondent's notation on this date was "h/o tension headaches, bad reaction to Imitrex; also tried Fiorinal. Having headaches twice a month. Mild constipation, but does not feel bad enough to require a laxative. Discussed dependence/tolerance. Pain well controlled with med. Patient understands to see Dr. if symptoms worse." The patient paid \$346.00 for the drug.

D. On or about February 13, 2006, respondent prescribed another 90 tablets of Hydrocodone APAP 10/325 for patient A.S. Respondent prescribed the Hydrocodone drug for the patient in spite of the fact that the previous prescription was written less than

3. Hydrocodone APAP is known by the trade name Tylenol #3 or Tylenol #4. It is a Schedule III controlled substance as defined by section 11056, subdivision (e)(4) of the Health and Safety Code. It is indicated for relief of moderate to moderately severe pain and a dangerous drug under Code section 4022.

1 a month before, and in spite of respondent's notation that the patient had "headaches
2 twice a month." Respondent prescribed the Hydrocodone drug for the patient despite the
3 evidence that the patient was either "drug seeking" or was "diverting" the drugs she
4 obtained from respondent. Respondent also failed to make and/or note any inquiry to
5 determine if the patient was addicted to drugs or was diverting drugs.

6 E. A review of the report of Controlled Substances Utilization Review and
7 Evaluation System Report (CURES Report) on patient A.S. for the period between
8 December 2005 and March 2006 shows the patient obtained the following dangerous
9 drugs and controlled substances from at least five other physicians: 60 capsules of
10 Aspirin/butalbital/caffeine/codeine (December 13, 2005); 30 tablets of Hydrocodone
11 APAP 10/650 (December 30, 2005); 60 capsules of Aspirin/butalbital/caffeine/codeine
12 (January 5, 2006); 60 capsules of Fioricet with codeine (January 15, 2006); 60 capsules of
13 Aspirin/butalbital/caffeine/codeine (January 17, 2006); 60 tablets of Dexedrine⁴ (February
14 6, 2006); 60 capsules of Fioricet with codeine (February 6, 2006); 30 tablets of
15 Hydrocodone APAP 10/650 (February 7, 2006); 60 capsules of
16 Aspirin/butalbital/caffeine/codeine (February 8, 2006); 60 capsules of Fioricet with
17 codeine (February 16, 2006); 60 capsules of Fioricet with codeine (February 28, 2006);
18 Aspirin/butalbital/caffeine/codeine (March 6, 2006); 60 capsules of Fioricet with codeine
19 (March 12, 2006); and 60 capsules of Fioricet with codeine (March 27, 2006).

20 Patient J.W.N.

21 F. On or about February 17, 2006, patient J.W.N., a then 36-year-old male,
22 ordered 90 tablets of Hydrocodone APAP 10/325 from justusameds. The patient
23 presented two completed physical examination forms dated August 12, 2005, and
24 February 6, 2006. The August 12, 2005 form indicated, among other things, that the
25 patient was not ambulatory and complained of severe back and neck spasm and "clavicle
26

27 4. Dexedrine is an amphetamine and a Schedule II controlled substance under Health and
28 Safety Code section 11956, subdivision (d)(1). It is indicated for treatment of narcolepsy and
attention deficit disorder with hyperactivity. It is a dangerous drug under Code section 4022.

1 & traps w moderate to severe pain." The February 6, 2006 form indicated the patient
2 complained of neck and back pain and was prescribed Vicodin and Ibuprofen.

3 G. On or about February 20, 2006, respondent prescribed 90 tablets of
4 Hydrocodone APAP10/325 for the patient based on the patient's self diagnosis of neck
5 and back pain "from muscle spasm." Respondent prescribed Hydrocodone for the patient
6 without performing and documenting any physical examination, and without obtaining
7 and/or documenting an appropriate history of the patient's complaint of back and neck
8 pain. Respondent's notation on this date included: "h/o back and neck pain from muscle
9 spasm, for several months. Had normal x-rays. MRI told he had muscular back spasm.
10 Unable to do PT because his job requires him to travel a lot which exacerbates the
11 symptoms. Pain 10/10 at worst 3-5/10 on a good day. Takes 0-3 a day. A couple
12 days/week doesn't need at all. Discussed dependence/tolerance. I recommended he try
13 diazepam 5 mg, can take up to three times a day as needed as a muscle relaxer, which
14 maybe more effective for spasm. . . ."

15 H. On or about February 21, 2006, patient J.W.N. ordered 60 Diazepam 10
16 mg. for the patient's self diagnosis of anxiety.⁵ Respondent prescribed the diazepam drug
17 for the patient on this same date. There is no notation of the medical justification for this
18 drug. Respondent's notation on this date was a duplication of the notation she made on
19 February 20, 2006. Respondent prescribed 90 tablets of Hydrocodone APAP 10/325 for
20 patient J.W.N. on or about March 20 and April 13, 2006, based on the patient's orders on
21 March 17 and April 10, 2006. The patient again ordered refills of the 90 tablets of
22 Hydrocodone APAP 10/325 at about 6:35 p.m. on May 6, 2006, at about 6:47 p.m. on
23 May 6, 2006, and at about 6:50 p.m. on May 6, 2006. Respondent approved these refill
24 orders on May 8, 2006, on June 1, 2006, and on June 26, 2006, respectively.

25
26
27 5. Diazepam, known by the trade name Valium, is a psychotropic drug indicated for the
28 management of anxiety disorders or for short-term relief of the symptoms of anxiety. It is a
Scheduled IV controlled substance under Health and Safety Code section 11057 and dangerous
drug under Code Section 4022.

I. Respondent continued to prescribe Hydrocodone to patient J.W.B. without obtaining and documenting a history of the patient's back and neck pain, and without performing and documenting a physical examination that would include an assessment of the patient's pain and physical and psychologic functioning. Respondent also failed to perform and note reviews of the effectiveness of the Hydrocodone drug she was prescribing for the patient. Respondent continued prescribing Hydrocodone for the patient despite evidence that the patient was either "drug seeking" or was "diverting" the drugs she obtained from respondent. Respondent also failed to make and/or note any inquiry to determine if the patient was addicted to drugs or was diverting drugs.

J. A review of the CURES Report on the patient for the period between February 17, 2006, and June 26, 2006, shows the patient obtained approximately 3344 tablets of Hydrocodone from approximately 13 physicians in Southern California. The CURES Report also shows that since December 2004, the patient had obtained tens of thousands of Hydrocodone tablets from several physicians in Southern California.

Patient D.T.

K. On or about February 21, 2006, patient D.T., a then 49-year-old female, ordered 90 Ambien 10 mg⁶ from justusameds. The patient provided a copy of a completed medical form required by the Department of Motor Vehicles for an automobile license. The medical form, dated October 13, 2005, was prepared by the Rapid Care Walk-In Medical Group in Folsom, California. There is no patient complaint on the medical form, no indication the patient was taking any medications or suffered from insomnia. The provider's impression was that the patient was in "excellent health."

L. On or about February 21, 2001, respondent prescribed 90 tablets of Ambien 10 mg. for the patient's self diagnosis of insomnia. Respondent's notation on this date was: "MR with PE dated Oct 5. Pt with occasional insomnia, taking Ambien

6. Ambien is a non-benzodiazepam hypnotic and a Schedule IV controlled substance under Health and Safety Code section 11057 and dangerous drug under Code section 4022. It is indicated for short-term treatment for insomnia.

1 several nights a week. With 5 mg, she still woke up in the middle of the night, but the 10
2 mg is working well for her. Denies side effects. Pt understands to see dr if symptoms
3 change/worsen." Respondent prescribed another 90 tablets of Ambien 10 mg. on or about
4 June 10, 2006, based on the patient's order on June 8, 2006. Respondent's notation on
5 this dated included: "MR with PE dated Oct 05. Pt known to me. No sig changes since
6 last consult for Ambien in Feb 06." The patient paid \$397.00 for each order of the
7 Ambien drug. Respondent prescribed Ambien for the patient without performing and
8 documenting any physical examination, and without obtaining and/or documenting an
9 appropriate history of the patient's insomnia.

10 Patient D.J.M.

11 M. On or about January 27, 2006, patient D.J.M., a then 40 year-old male,
12 ordered 90 tablets of Hydrocodone APAP 10/325 from justusameds. The patient
13 presented a completed medical examination form dated October 15, 2005. The medical
14 examination was performed by a MEDICEXAMS, an entity that conducts medical
15 examinations in support of life insurance applications. There is no notation of any
16 significant patient complaint on the medical form and there is no indication of any
17 prescription medication the patient was taking. Other than the measurement of the
18 patient's height, weight and vital signs, there is no notation of any other physical
19 examination performed.

20 N. On or about January 27, 2006, respondent prescribed 90 tablets of
21 Hydrocodone APAP 10/325 for the patient's self diagnosis of lower back pain.
22 Respondent prescribed another 90 tablets of Hydrocodone APAP 10/325 on or about June
23 10, 2006. Respondent prescribed Hydrocodone for patient D.J.M. without performing
24 and documenting any physical examination, and without obtaining and/or documenting
25 an appropriate history of the patient's complaint of lower back pain.

26 Patient L.K.

27 O. On or about December 29, 2005, patient L.K., a then 47-year-old male,
28 ordered 90 tablets of Hydrocodone APAP 10/325 from justusameds. The patient

presented medical records that indicated he suffered severe stenosis of L2-L3, moderate bilateral stenosis at L4-L5, and had received steroid injection treatments. However, there is no indication the patient had ever been prescribed Hydrocodone. On or about December 30, 2005, respondent prescribed 90 tablets of Hydrocodone APAP 10/325 for the patient based on the patient's self diagnosis of back pain. Respondent's notation on this date was: "h/o lbp over a year; MRI showed degenerative disc at L2/3; has done physical therapy/cortisone shots. Pain controlled to some degree. Denies side effects. Discussed dependence/tolerance signs and symptoms. Pt understands to see dr if symptoms worsen."

P. Thereafter, respondent prescribed 90 tablets of Hydrocodone 10/325 on or about February 17, 2006, February 20, 2006, and May 11, 2006. With minor differences, respondent's notation for these prescriptions are identical to her notation on December 30, 2005. Respondent prescribed Hydrocodone for the patient without ever performing and/or documenting any physical examination, and without obtaining and/or documenting an appropriate history of the patient's complaint of back pain.

Patient J.K.

Q. On or about December 27, 2005, patient J.K., a then 47-year-old male patient ordered 90 tablets of Hydrocodone APAP 10/325 from justusameds. The patient presented medical records that included imaging reports from Cedars Sinai Medical Center that showed mild degenerative changes with foraminal narrowing on the left side at the C5-C6, and bilaterally at the C6-C7. The imaging reports also showed degenerative changes at L1-L2, L3-L3 and L5-S1. The medical records included electrodiagnostic studies which showed severe bilateral carpal tunnel syndrome. However, the medical records did not include any history of the patient's pain or of any physical examination performed, and there was no indication the patient was taking any prescription medication.

1 R. On or about December 28, 2005, respondent prescribed 90 tablets of
2 Vicoprofen 7.5/200 for patient J.K. based on the patient's self diagnosis of "Sciatica."
3 The patient paid \$387.24 for the drugs. Respondent's notation on this date was: "Pt
4 prefers vicoprofen 7.5/200 - his pain is well controlled by this." Thereafter, respondent
5 prescribed 90 Vicoprofen 7.5/200 mg. for the patient on or about January 23, 2006,
6 May 27, 2006, and July 3, 2006, based on the patient's orders. Respondent prescribed
7 Vicoprofen for the patient without ever performing and/or documenting any physical
8 examination, and without obtaining and/or documenting an appropriate history of the
9 patient's complaint of back pain. In her note for the January 23, 2006 prescription,
10 respondent noted the patient reported that he had seen his "doctor" for a kidney and liver
11 functions tests "to make sure the meds aren't having a subclinical effect," and that the
12 patient would fax these laboratory results to respondent. Respondent failed to follow up
13 on the kidney and liver test results. A review of the CURES Report on the patient
14 between the period March 2006 and August 2006, shows the patient obtained
15 approximately 80 tablets of Hydrocodone APAP 10/500 and 120 Vicoprofen 7.5/200
16 from two different physicians.

17 Patient T.O.

18 S. On or about January 17, 2006, patient T.O., a then 46-year-old male
19 ordered 90 tablets of Hydrocodone APAP 10/500 from justusameds. The patient
20 presented a completed "JustUSAmeds" physical examination form dated January 24,
21 2006. The physical examination form indicates the patient complained of pain in the
22 lumber "area" from a degenerative disc, identified his primary care physician and
23 indicated he had been taking Ibuprofen and Tylenol. However, there is no indication on
24 the physical examination form that the patient had ever been prescribed Hydrocodone.
25 Other than the measurement of the patient's height, weight and vital signs, there are no
26

27 7. Vicoprofen, a brand name for Hydrocodone, is a Schedule III controlled substance as
28 defined by section 11056, subdivision (e)(4) of the Health and Safety Code and dangerous drug
29 under Code section 4022. It is indicated for relief of moderate to moderately severe pain.

1 other physical examination documented on the physical examination form.

2 T. On or about January 25, 2006, respondent prescribed 90 tablets of
3 Hydrocodone APAP 10/500 for the patient based on the patient's self diagnosis of
4 "degenerative disc." Respondent also prescribed 90 tablets of Hydrocodone APAP
5 10/500 for the patient on March 18, 2006, April 13, 2006, May 9, 2006, June 3, 2006, and
6 June 30, 2006. The patient paid \$346.00 for each order of the Hydrocodone drug.
7 Respondent prescribed Hydrocodone for the patient without performing and documenting
8 any physical examination, and without obtaining and/or documenting an appropriate
9 history of the patient's complaint of back and neck pain. Respondent prescribed
10 Hydrocodone for the patient despite the patient's "drug-seeking" behavior, and without
11 making and/or noting any inquiry to determine if the patient was addicted to drugs or was
12 diverting drugs.

13 U. A review of the CURES Report on the patient between the period
14 December 2005 and April 2006, shows the patient obtained approximately 390 tablets of
15 Acetaminophen with Codeine and 44 tablets of Hydrocodone APAP 10/500 from one
16 physician and three prescribing dentists.

17 12. Respondent committed gross negligence in her care, treatment and
18 management of patients A.S., J.W.N., D.T., D.J.M., L.K., J.K. and T.O. which includes, but was
19 not limited to, the following:

20 Patient A.S.

21 A. Paragraphs 11(B) through (E), above, are hereby incorporated by reference
22 as though fully set forth herein.

23 B. Respondent prescribed controlled substances for patient A.S. without
24 obtaining an adequate history of the patient's complaint of headaches, without performing
25 a physical examination of the patient and without arriving at a diagnosis for the patient's
26 headaches.

27 C. Respondent prescribed Hydrocodone for this patient based on the patient's
28 self diagnosis of tension headache.

1 D. On or about February 13, 2006, respondent prescribed another 90 tablets
2 of Hydrocodone APAP 10/325 for this patient despite the patient's "drug-seeking"
3 behavior, and failed to make and/or document any inquiry to determine if the patient was
4 addicted to drugs or was diverting drugs.

5 Patient J.W.N.

6 E. Paragraphs 11(F) through 11(J), above are hereby incorporated by
7 reference as though fully set forth herein.

8 F. Respondent prescribed Hydrocodone for patient J.W.N. without obtaining
9 an adequate history of this patient's back and neck pain, without performing a physical
10 examination of the patient and without arriving at a diagnosis for the patient's back and
11 neck pain.

12 G. On or about February 21, 2006, respondent prescribed 60 tablets of
13 Diazepam 10 mg. for this patient without obtaining an adequate history of the patient's
14 anxiety condition, without performing a physical examination of the patient and without
15 arriving at a diagnosis for the patient's anxiety condition.

16 H. Respondent prescribed Hydrocodone for the patient based on the patient's
17 self diagnosis of back and neck pain "from muscle spasm."

18 I. Respondent continued to prescribe Hydrocodone for this patient in spite of
19 the fact the patient persistently ordered the drug at less than one-month intervals.

20 J. Respondent continued to prescribe Hydrocodone for this patient despite
21 evidence that the patient was either "drug-seeking" or was addicted to drugs.

22 K. Respondent failed to perform and note periodic reviews of her treatment of
23 this patient to determine the effectiveness and appropriateness of the large amount of
24 Hydrocodone drugs she prescribed for the patient.

25 L. In spite of the large amount of Hydrocodone respondent prescribed for this
26 patient, respondent failed to initiate and/or note she initiated an inquiry into whether the
27 patient was "diverting" the drugs he obtained from respondent.

1 M. In spite of the large amount of Hydrocodone respondent prescribed for this
2 patient, respondent failed to initiate and/or note she initiated an inquiry into whether the
3 patient was addicted to the drugs he obtained from respondent.

4 Patient D.T.

5 N. Paragraphs 11(K)through 11(L), above are hereby incorporated by
6 reference as though fully set forth herein.

7 O. Respondent prescribed Ambien for patient D.T. without performing and
8 documenting any physical examination, and without obtaining and/or documenting an
9 appropriate history of the patient's insomnia.

10 P. Respondent prescribed Ambien for this patient without arriving at a
11 diagnosis for the patient's insomnia.

12 Q. Respondent prescribed Ambien for this patient based on the patient's self
13 diagnosis of insomnia.

14 Patient D.J.M.

15 R. Paragraphs 11(M)through 11(N), above are hereby incorporated by
16 reference as though fully set forth herein.

17 S. Respondent prescribed Hydrocodone for patient D.J.M. without
18 performing and documenting any physical examination, and without obtaining and/or
19 documenting an appropriate history of the patient's back pain.

20 T. Respondent prescribed Hydrocodone for this patient without arriving at a
21 diagnosis for the patient's lower back pain.

22 U. Respondent prescribed Hydrocodone for this patient based on the patient's
23 self diagnosis of lower back pain.

24 Patient L.K.

25 V. Paragraphs 11(O)through 11(P), above, are hereby incorporated by
26 reference as though fully set forth herein.

27 W. Respondent prescribed Hydrocodone for patient L.K. without performing
28 and documenting any physical examination, and without obtaining and or documenting

1 an appropriate history of the patient's back pain.

2 X. Respondent prescribed Hydrocodone for this patient based on the patient's
3 self diagnosis of lower back pain.

4 Patient J.K.

5 Y. Paragraphs 11(Q)through 11(R), above are hereby incorporated by
6 reference as though fully set forth herein.

7 Z. Respondent prescribed Vicoprofen for patient J.K. without performing and
8 documenting any physical examination, and without obtaining and/or documenting an
9 appropriate history of the patient's back pain.

10 A.A. Respondent prescribed Vicoprofen for this patient without arriving at a
11 diagnosis for the patient's back pain.

12 B.B. Respondent prescribed Vicoprofen for this patient based on the patient's
13 self diagnosis of lower Sciatica.

14 Patient T.O.

15 C.C. Paragraphs 11(S)through 11(U), above, are hereby incorporated by
16 reference as though fully set forth herein.

17 D.D. Respondent prescribed Hydrocodone for patient T.O. without performing
18 and documenting any physical examination, and without obtaining and/or documenting
19 an appropriate history of the patient's back pain.

20 E.E. Respondent prescribed Hydrocodone for this patient without arriving at a
21 diagnosis for the patient's back pain.

22 F.F. Respondent prescribed Hydrocodone for this patient based on the patient's
23 self diagnosis of degenerative disc.

24 G.G. Respondent failed to perform and note periodic reviews of her treatment of
25 this patient to determine the effectiveness and appropriateness of the large amount of
26 Hydrocodone drugs she prescribed for the patient.

27 H.H. In spite of the large amount of Hydrocodone respondent prescribed for this
28 patient, respondent failed to initiate and/or note she initiated an inquiry into whether the

1 patient was "diverting" the drugs he obtained from respondent.

2 11 In spite of the large amount of Hydrocodone respondent prescribed for this
3 patient, respondent failed to initiate and/or note she initiated an inquiry into whether the
4 patient was addicted to the drugs he obtained from respondent.

5 **SECOND CAUSE FOR DISCIPLINE**

6 (Repeated Negligent Acts)

7 13. Respondent Janine Gail Suvak, M.D., has further subjected her
8 Physician's and Surgeon's Certificate No. A 93043 to disciplinary action under section 2234, as
9 defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent
10 acts in her care, treatment and management of patients A.S., J.W.N., D.T., D.J.M., L.K., J.K. and
11 T.O., as more particularly alleged in paragraphs 11 and 12 above, which are hereby incorporated
12 by reference as if fully set forth herein.

13 **THIRD CAUSE FOR DISCIPLINE**

14 (Incompetence)

15 14. Respondent Janine Gail Suvak, M.D., has further subjected her
16 Physician's and Surgeon's Certificate No. A 93043 to disciplinary action under section 2234, as
17 defined by section 2234, subdivision (d), of the Code, in that she was incompetent in her care,
18 treatment and management of patients A.S., J.W.N., D.T., D.J.M., L.K., J.K. and T.O., as more
19 particularly alleged in paragraphs 11 and 12, above, which are hereby incorporated by reference
20 as if fully set forth herein.

21 **FOURTH CAUSE FOR DISCIPLINE**

22 (Failure to Maintain Adequate and Accurate Records)

23 15. Respondent Janine Gail Suvak, M.D., has further subjected her
24 Physician's and Surgeon's Certificate No. A 93043 to disciplinary action under section 2234, as
25 defined by section 2266, of the Code, in that she failed to maintain adequate and accurate records
26 in her care, treatment and management of patients A.S., J.W.N., D.T., D.J.M., L.K., J.K. and
27 T.O., as more particularly alleged in paragraphs 11 and 12, above, which are hereby incorporated
28 by reference as if fully set forth herein.

1 FIFTH CAUSE FOR DISCIPLINARY ACTION

2 (Prescribing in Violation of Drug Federal and State Statutes)

3 16. Respondent has further subjected her Physician's and Surgeon's
4 Certificate No. A 93043 to disciplinary action under section 2234 as defined by section 2238 of
5 the Code in that in her treatment and care of patients A.S., J.W.N., D.T., D.J.M., L.K., J.K. and
6 T.O., respondent prescribed controlled substances and dangerous drugs in violation of federal
7 and/or state statutes and regulations, as more particularly alleged in paragraphs 11 and 12, above,
8 which are hereby incorporated by reference as if fully set forth herein.

9 SIXTH CAUSE FOR DISCIPLINARY ACTION

10 (Prescribing Controlled Substance Without Appropriate Prior Exam)

11 17. Respondent has further subjected her Physician's and Surgeon's
12 Certificate No. A 93043 to disciplinary action under 2234, as defined by section 2242,
13 subdivision (a), of the Code in that in her treatment and care of patients A.S., J.W.N., D.T.,
14 D.J.M., L.K., J.K. and T.O., respondent prescribed controlled substances and dangerous drugs
15 without an appropriate prior examination and medical indication, as more particularly alleged in
16 paragraphs 11 and 12, above which are hereby incorporated by reference as if fully set forth
17 herein.

18 SEVENTH CAUSE FOR DISCIPLINARY ACTION

19 (Prescribing Controlled Substance On the Internet)

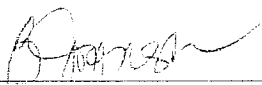
20 18. Respondent has further subjected her Physician's and Surgeon's
21 Certificate No. A 93043 to disciplinary action under section 2234, as defined by section 2242.1,
22 subdivision (a), of the Code in that respondent prescribed controlled substances or dangerous
23 drugs to patients A.S., J.W.N., D.T., D.J.M., L.K., J.K. and T.O., on the Internet without an
24 appropriate prior examination and medical indication, as more particularly alleged in paragraphs
25 11 and 12, above which are hereby incorporated by reference as if fully set forth herein.

1 PRAYER

2 WHEREFORE, complainant requests that a hearing be held on the matters herein
3 alleged, and that following the hearing, the Board issue a decision:

- 4 1. Revoking or suspending Physician's and Surgeon's Certificate
5 No. A 93043, issued to respondent Janine Gail Suvak, M.D.;
6 2. Revoking, suspending or denying approval of respondent Janine Gail
7 Suvak, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
8 3. Ordering respondent Janine Gail Suvak, M.D., to pay the Board the costs
9 of probation monitoring if placed on probation; and
10 4. Taking such other and further action as deemed necessary and proper.

11 DATED: April 9, 2009

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15 BARBARA JOHNSTON
16 Executive Director
17 Medical Board of California
18 State of California
19 Complainant
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